PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

irst Named Inventor	JEFFREY S. KIEL
COMPLET	E IE KNOWN
	E IF KNUWN
Application Number	
iling Date	
Group Art Unit	
Examiner Name	
-i	ling Date roup Art Unit

As a below named inventor, I hereby declare that:								
My residence, post office ad	My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  DIPHENHYDRAMINE TANNATE SOLID DOSE COMPOSITIONS AND METHODS OF USE								
the specification of which is attached hereto OR was filed on (MM/DD	is attached hereto							
Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached? NO			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s	5) Filling Date	e (MM/DD/YYYY)	numbe supple	onal provisiona ers are listed o emental priority BB/02B attache	n a / data sheet			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ase type a plus aign (+) inside this box	<b>→</b> [±]	Δn	nround for can th	PTO/SB/01 (12-97) trough 9/30/00. OMB 0651-0032	
Under the Paperwork Reduction Ac	t of 1885, no person	Patent and Tradem	erk Office; U.S.	DEPARTMENT OF COMMERCE	
		Attorney Dock	et Number	455-020	
DECLARATION FOR I DESIGN	UTILITY OR	First Named In	ventor	JEFFREY S. KIEL	
PATENT APPLIC	ATION	ç	OMPLETE II	KNOWN	
(37 CFR 1.6		Application Nu	mber	/	
·	•	Filing Date			
☐ Declaration ☐ Declaration ☐ Declaration ☐ Declaration	eration nitted after Initia	Group Art Unit			
	g (surcharge CFR 1.16 (e)) ired)	Examiner Nam	ie		
As a below named inventor, I here	eby declare that:				
My residence, post office address, a	ınd ekizenship ere e	n oj txen woled betete a	ry neme.		
I ballave I am the original, first and s names are listed below) of the subje	scle inventor (if only act matter which is c	one hame le listed belov Jaimed and for which a r	w) or an original,	first and joint inventor (if plural	
DIPHENHYDRAMINE					
METHODS OF USE					
the specification of which	(Title	of the Invention)			
te ettached hereto OR					
was filed on (MM/DD/YYY)		as Uni	led States Appli	cation Number or PCT International	
Application Number		s amended on (MM/DD)	,	(if applicable)	
I hereby state that I have reviewed a amended by any emendment specific	nd understand the co cally referred to abou	onlenta of the above ide ve.	milied specifical	ion, including the cisims, as	
I acknowledge the duty to disclose in	formalion which is n	naterial to patentability a	e defined in 37 (	FR 1.56.	
				***	
I hereby claim foreign priority benefit cortificate, or 365(a) of any PCT into America, listed below and have elso k or of any PCT international application	s under 35 U.S.C. 'mailonal application lentified below, by clothering a filing date	118(s)-(d) or 385(b) of which designated at it hecking the box, any for before that of the applic	any foreign app east one country eign application ation on which t	iteation(s) for patent or inventor's to other than the United States of for patent or inventor's certificate, storily is claimed.	
Prior Foreign Application Number(a)	Country	Foreign Filing Date Priority Certified Copy (MM/DD/YYYY) Not Claimed YES			
	1				
			. 🗖		
Additional foreign application num	era are lieted on a	supplemental priority da	la sheet PTO/SE	/028 stached hereto:	
hereby claim the benefit under 35 table Application Number(s)	ارع.ن. ۱۱۹(ه) ۱۵ غربیر Filing Date	(MM/DD/YYYY)	al application(s)	listed below.	
•			num sup)	tional provisional application bers are listed on a demental priority data sheet /SB/02B attached hereto.	

(Page 1 of 2)
Burden Hour Statement: This form is ostimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97) Please type a plus sign (+) inside this box   + Approved for use through 9/30/00. OMB 0831-0032 Palent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains e valid OMB control number.											
DECLA	RATION	<u>_U</u>	tility	or	Desig	ın f	Pate	nt A	ppl	icatio	n
United States of Amen United States or PCT in Information which is ma	DECLARATION — Utility or Design Patent Application  I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, lialed below and, insofar as the subject malter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentiability as defined in 37 CFR 1.66 which became available between the filling date of the prior application and the maintenal or PCT international (Iling date of this application).								in the prior		
U.Ş. Par	ent Application Number	or PCT	Parent		Parent I	Filing	g Date			t Patent N	
PCT/US03/0566					02/26/200		1,0,			appare	15/
10/119,285					04/09/20						
	PCT International app										
As a named inventor, I i and Trademark Office o	tereby appoint the fol onnected therewith:	Custor OR	mer Numb	ber	001009	9	_]		· 🗀	eil business to Pisce Custo, Number Bar ( Label her	mer Code
Nam		<u> </u>	Registr Num	ralign	) Nâma/feglati	Allon (	number (is) Name		<u>,                                    </u>	Regis	tration nber
Additional registere		stomer Number Code L	mber (		ed Practitioner	r Infam	mellon she			attached here	
Name			-			<u> </u>					
Address Address											
City					7	Т					<del></del> .
Country				(859		⊥ ₹9		ZIP	(R59)	252-0779	
punishable by fine or im application or any pater	Country  Telaphone (859) 252-0889  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and ballef are believed to be true; and further that these statements were made with the knowledge that willful false statements and the fike so made are pullishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jappardize the validity of the application or any patent leasued thereon.										
Name of Sole or		<u> </u>			A pelil	lion ha	as been (	filed for	this uns	signed Inver	ntor
JEFFREY S.	ime (first and middl	a (if any))			YPTET		Family	Name o	or Surna	arne	
inventor's Signature			<del></del>		KIEL						
Residence: City	GAINESVILI	LE	State	GA	Country	$\overline{}_{i}$	US			Date Itizenship	US
Post Office Address	4253 CHERO		<del></del>		1					INTERIOR IN	US
Post Office Address											
City	GAINESVILI	LE	State	GA	ζip	3	30504		C	ountry	US
Additional invento	ors are being name	ed on the	sup	plement	el Additions	il Inve	ntor(s) si	heet(s) l			

[Page 2 of 2]

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

					<u> </u>					
United States of Ameri United States or PCT In Information which is man	efit under 35 U.S.C. 120 of ica, listed below and, ins ternational application in aterial to patentability as funternational filing date of	ofar as the sub the manner prodefined in 37 (	oject matte ovided by CFR 1.56	er of ea	ch of the	claims of thi oh of 35 U.S.C	s applic	ation is acknov	not disclosed wledge the duty	in the prior to disclose
U.S. Parent Application or PCT Parent Number					ling Date			arent Patent Number (if applicable)		
PCT/US03/0566	54			02/2	6/2003	3				
10/119,285				04/0	9/2002	2				
Additional U.S. or	PCT International applicat	ion numbers are	listed on a	supple	mental pr	iority data shee	et PTO/S	B/02B a	attached hereto.	<del> </del>
As a named inventor, I I and Trademark Office c	hereby appoint the following					this applicatio	n and to	transa		
and Trademark Office c	onnected therewith:	Customer Num OR	nber	00	1009		<b>→</b>	•	Place Custo Number Bar	
		Registered pra		) name	/registrat	ion number lis	ted belo	<u>w L</u>	Label hei	
Nan	10		tration nber			Nam	е			stration mber
			_							
Additional registere	d practitioner(s) named o	on supplementa	l Register	d Prac	titioner Ir	formation she	et PTO/	SB/020	C attached here	to.
Direct all correspond	ence to: 🗹 Custon	ner Number		0010	00	7				balau
	or Bar	Code Label	<u> </u>	0010	U 9	OR		orrespo	ondence addı	ess below
Name		*	`\\	_		ノ				
									<del></del>	
Address		·				_				
Address										
City				s	tate		ZIP			
Country		Telepho	ne (859				Fax	ax (859) 252-0779		
I hereby declare that al	statements made herein	of my own know	wledge are	true a	nd that al	l statements n	nade on	informa	ation and belief	are
believed to be true; and punishable by fine or in	I further that these statem prisonment, or both, und	ents were mad er 18 U.S.C. 10	e with the 101 and tha	knowled	dge that v willful fals	villful false sta se statements	tements mav jeo	and the	e like so made a the validity of t	are the
application or any pater										
Name of Sole or	First Inventor:				A petitio	n has been	filed fo	r this u	ınsigned inve	ntor
Given Na	me (first and middle [i	f any])				Family	/ Name	or Su	rname	
JEFFREY S.	11	11/11		Κ <u>Ι</u>	EL					
Inventor's Signature		////		7 A	r				Date	6/10/200
Residence: City	GAINESVILLE	State	GA	) (c	untry	US			Citizenship	US
Post Office Address	4253 CHEROKE	EE TRAIL								
Post Office Address										
City	GAINESVILLE	State	GA	<b>Z</b> i	p	30504			Country	US
Additional inventor	ors are being named o	on the su	ıpplemen	tal Ad	ditional	Inventor(s) s	heet(s)	PTO/	SB/02A attac	hed heret

Please type a plus sign (+) inside this box	+
---	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

		_				
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any	)		Family Nam	e or S	urname	
H. GREG THOMAS						
Inventor's Signature Theg The	oma	1		Date 06/07/04		
Residence: City VILLA RUA	State GA	911	CountryUS		Citizenship US	
Mailing Address 29 BROOKSIDE WAY						
Mailing Address						
City VILLA RICA	State GA		ZIP 30180	Countr	y US	
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed	for thi	is unsigned inventor	
Given Name (first and middle [if any])			Family Nam	e or S	umame	
NARASIMHAN MANI						
Inventor's Signature Date						
Residence: City Port Jefferson	State NY		Country US		Citizenship INDIA	
Mailing Address 5, Sea Court Lane	•				*	
Mailing Address						
City Port Jefferson	State N	Y	ZIP 11777	Cou	<sub>intry</sub> US	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed	for this	s unsigned inventor	
Given Name (first and middle [if any]	)	Family Name or Surname				
Inventor's Signature					Date	
Residence: City	State	te Country Citizens			Citizenship	
Mailing Address						
Mailing Address	·					
City	State		ZIP	Co	ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Mailing Address

P .

PTO/SE/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unlease it contains a valid OMB control number. Under the Paperwork Reduction Act of 1985, no pareons are tenuired in respond to ADDITIONAL INVENTOR(S) Supplemental Sheet **DECLARATION** Page \_ 1\_ of 1 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any Family Name or Sumame Given Name (first and middle [if any]) THOMAS H. GREG Inventor's Date Signature Residence: City VILLA RICA Country US State GA Cilizenship US 29 BROOKSIDE WAY Mailing Address Mailing Address Country US State GA ZIP 30180 VILLA RICA City A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle [if any]) MANI NARASIMHAN 08/18/2004 Inventor's Signature State NY INDIA Country US Residence: City 5, Sea Court Lane Mailing Address Country US State NY ZIP 11777 Port Jefferson City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Sumame Given Name (first and middle [if any]) Inventors Date Signature Citizenship State Residence: City Malling Address

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual pase. Any comments on the amount of time, you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Country